SPEECH OF THE WIFE OF THE GOVERNOR OF KADUNA STATE DURING
STAKEHOLDERS’ SENSITIZATION MEETING ON NUTRITION HELD AT HOTEL 17,
KADUNA ON 29TH OCTOBER, 2015

PROTOCOL

First I have to show my sincere appreciation to the organisation Civil Society-
Scaling up Nutrition in Nigeria (CS-SUNN) which is able to organize this
sensitization meeting with support from Partnership for Advocacy for Child and
Family Health (PACFaH). The meeting is indeed timely and congratulations!

As you might be aware from so many literatures, malnutrition among children
constitute 50% of the underlying causes of many communicable and non-
communicable life-threatening diseases, apart from the fact that in its own entity
is one of the major causes of morbidity and mortality in this part of the country.
We are all aware that Nutrition issues are multi-factorial in nature and therefore
require multi-sectoral approach in tackling the problems associated with it. This
therefore underscores the importance of calling all stakeholders to a meeting of
this nature.

Recent surveys have shown that 57% of children are malnourished and 41.7% of
them are severely stunted in Kaduna state. Micronutrients deficiency such as
Vitamin A and iodine is also common among these children (27.8%) due to poor
intake. The malnutrition has also affected women significantly as 6.2% of our
women in Kaduna state are malnourished and 23.4% have deficiency in iron. This
indeed has disturbing implication considering the fact that women menstruate
monthly and bear children.
These poor nutrition indices will not be accepted. Appropriate actions must be taken without delay to drastically reduce the incidences. Our administration has special passion for health and education. That is why within the few months of our inception, 180 and 55 millions were released to improve coverage of Routine Immunization and to double the number of secondary facilities (General Hospitals) providing rehabilitation of severe acutely malnourished children (from 6-12) respectively.

The Government is aware of the supports given by UNICEF and SPRING in many pilot programmes related to child survival and health e.g. community-based infant and young child feeding in 9 LGAs, facility-based management of severe acute malnutrition, outreach programme to reach children in hard-to-reach settlements with routine immunization and micronutrients and recently Integrated Community Case Management (ICCM) of Pneumonia, Diarrhoea and Malaria. The Government is looking into the feasibility of scaling up of all these high-impact interventions.

The state has recently recruited 19 nutritionists to serve in the General Hospitals. We plan to have nutritionists not only in Secondary Health care facilities but in the selected 255 Ward Health Centres (PHCC). This will enable the state to have robust nutrition surveillance, i.e. from the communities to Ward Health Centres and to General Hospitals where necessary. The aim is to detect malnutrition cases very early and take appropriate action. Fortunately we have community structures that can be equally used for nutrition surveillance. Nutrition would also be integrated into some community and facility-based interventions in the state.
In the area of inter-sectoral collaboration to address challenges of malnutrition, I believe after the sensitization meeting today, all the stakeholders would have clear understanding of the role they have to play. I want to reiterate here that this administration always welcomes any intervention or initiative that would greatly benefit the people of Kaduna state. I wish you a very fruitful deliberation!

Thank you